



Utility Assistance Intake Application Request and Checklist

Dear Applicant

Thank you for your interest in the Utility Assistance Program with the Department of Human Services, Family Assistance Division. Enclosed you will find an intake application for utility assistance and instructions to help you complete your application. **This application is ONLY for residential accounts!**

Please note that a signed, completed intake application and all required documents must be submitted in order for your application to be processed in a timely manner. Failure to submit the required documentation listed below will result in delayed processing or denial of your application.

For rental assistance DO NOT complete this application. Please call 207.7830 for information.



Please **MAKE COPIES** of all supporting documents,
DO NOT turn in originals



Utility Assistance Intake Application Documentation Check List

Intake Applications can be submitted by :
MAIL or Drop Off

Family Assistance Division – Utility Assistance
 Willie Velásquez Center
 1302 N. Zarzamora
 San Antonio, TX 78207

<input type="checkbox"/>	FAD Utility Assistance Intake Application -Application requires 2 signatures and CPS form requires 1 signature.
<input type="checkbox"/>	Income – Must submit proof of current income for the past 30 days for all household members eighteen (18) years of age and older.
<input type="checkbox"/>	Award Letters – current year (Social Security, Supplemental Security Income, Disability, Unemployment) or bank statement for last 30 days of intake application.
<input type="checkbox"/>	Current utility bill(s) : Provide current bill(s)
<input type="checkbox"/>	Photo ID(s) for Account holder (Texas ID/Driver’s License/Matricular Consular)
<input type="checkbox"/>	Social Security number of Account holder- Last 4 digits only



The City of San Antonio Department of Human Services provides Utility Assistance to individuals and families in need. Services are based on available funding.

Please check the service(s) you are in need of

CPS Utility Assistance for CPS Energy

Please check what applies to you

<input type="checkbox"/> Seniors 60 years and older	<input type="checkbox"/> Individuals with Disabilities
<input type="checkbox"/> Families with young children	<input type="checkbox"/> Individuals using Critical Medical Care Equipment

Household Income Information | Check Household Type:

<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Non related adults with children	<input type="checkbox"/> Two Adults & NO Children	<input type="checkbox"/> Multi generational Household	<input type="checkbox"/> Other

HOUSEHOLD INCOME LAST 30 DAYS: Please tell us what income you and your household is receiving

Person(s) receiving income	Sources of Income	Amount
		Monthly Income =

Declaration of Income

*State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance:

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My household has no documented proof of income due to the following situation:

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Does anyone in the household currently receive any of the following other sources of income? | Check all that apply

<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Unemployment
<input type="checkbox"/> VA Service Connected Disability Pension	<input type="checkbox"/> VA Non-Service Connected Disability Pension	<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> SSI
<input type="checkbox"/> Other	<input type="checkbox"/> SSDI	<input type="checkbox"/> No Income	<input type="checkbox"/> Retirement Income from SS
<input type="checkbox"/> EITC	<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Pension	

For Rental Assistance Call (210) 207-7830

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Please Read - Keep this page for your records *DO NOT submit this page with your application*

- I understand the Utility Assistance Program is a federal and city funded program and that receiving assistance is based on eligibility (my household must meet the Federal Poverty Income Guidelines and live in San Antonio, Bexar County); and on available funding.
- **I understand that the Intake Application is processed in the order received and submission of my Intake Application does not guarantee assistance.**
- **I understand that the application processing period can take up to 30 days or longer. I understand that if I do not submit all the REQUIRED documentation as listed on the Intake Application request instruction letter, there will be further delays in processing my application.**
- I understand the City of San Antonio will not secure any pledge(s) from the utility company or make utility payments until the Intake Application process has been completed and the City has confirmed the availability of funds. During this process, I am fully responsible for my bill before, during, and after the application and eligibility determination process is completed. Non-payment of a utility bill may result in interruption of services.
- I understand the City of San Antonio will not pay any late fees, deposits, or reconnection charges and that I am responsible for making payments for those fees and charges to my utility provider.
- If my application is approved, I will receive a Notice of Eligibility (NOE) as well as benefit amount.
- If my application is denied, I will receive a Notice of Denial (NOD) with the reason(s) indicated. I will also be provided with information on the appeal process.

Please proceed to page 4 & 5 to complete your application

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For Office Use Only	CD <input type="checkbox"/>	CT <input type="checkbox"/>
CIMS #		

Utility Assistance Intake Form

1.	First Name	Middle Initial	Last Name	Date of Birth	Gender	Race: Black/African American, White, American Indian, Asian, Other	Ethnicity: Hispanic/Latino, Non Hispanic/Latino	Relationship to Head of Household (HOH) i.e.: spouse, son, daughter, etc.
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								

Location:					
Service Address:				Enter the TOTAL number of people living in the household <input style="width: 50px;" type="text"/>	
City:	County:	State:	Zip Code:	Do you have more than one account with CPS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone Number:	Alt. Phone Number:	Email:		Is your Household receiving Food Stamps (SNAP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant (Head of Household) Demographic Information							
1.	Highest Grade Completed	<input type="checkbox"/> Less than HS	<input type="checkbox"/> HS Grad / GED	<input type="checkbox"/> Some College	<input type="checkbox"/> 2-Year Degree	<input type="checkbox"/> 4-Year Degree	
2.	Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Looking for Work <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you own or rent a home? <input type="checkbox"/> Own <input type="checkbox"/> Rent						

I certify that the information on this application is true and correct to the best of my knowledge and belief. If granted assistance and fraud is proven, I will repay funds spent on my behalf. I authorize the City of San Antonio and utility companies and other sources to release information in this application to pertinent parties. My signature below certifies that I am in need of utility assistance and fully understand the above statement and I agree to the terms of the Utility Assistance Program. I understand a completed application does not guarantee assistance will be provided.

Applicant Signature: _____ Date: _____

Please Drop Off or Mail to: 1302 N. Zazamora, San Antonio Tx, 78207

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Release of Client Information

I hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary. Information requested may include, but is not limited to: **1)** Status on utility accounts, payments and consumption histories; **2)** Proof of income, residency, and household members; **3)** Employment details.

- The information I have provided is true and correct to the best of my knowledge and belief.
- My total household income has been calculated, accounted for, and provided to the City.
- I authorize the City of San Antonio to obtain online access to my utility account information and understand that account information may contain personal and/or personally-identifying information.
- I understand that the City of San Antonio will never use my information provided except as needed to process this application.
- I understand that the City of San Antonio intends to use my information only as needed to process this application; I also understand, however, that my information may be subject to a public information request since the City is a public entity. In that instance, the City will seek authority to withhold the information from disclosure.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

My signature indicates I have received and read the Release of Customer Information, Application Instructions, and the Customer Acknowledgement and that I agree to abide by the terms stated.

Applicant (Print Name) _____

Applicant Signature: _____ Date Signed: _____

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